

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Zhao Yang :
Serial No.: 10/579,900 : Art Unit: 2882
Filed: May 19, 2006 : Examiner: Kiknadze, Irakli
For: COLLIMATOR AND :
RADIATION IRRADIATOR :

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
1. Amendment Transmittal with two month extension (3 pages)
 2. Amendment (10 pages)

STATUS

2. Applicant
- ☐ claims small entity status.
- ☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
(complete (a) or (b), as applicable)

- (a) **X** Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
<u>X</u> second month	\$ 460.00	\$ 230.00
third month	\$ 1,050.00	\$ 525.00
fourth month	\$ 1,640.00	\$ 820.00

_____ fifth month \$ 2,230.00 \$1,115.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) _____ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below.

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMDT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS		=	x \$25.00 = \$		x \$50.00 = \$
	MINUS		=	x \$100.00 = \$		x \$200.00 = \$
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$180.00 = \$		+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

- ☐ Charge Deposit Account No. 01-2384 the sum of \$_____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:



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